

1-16-08

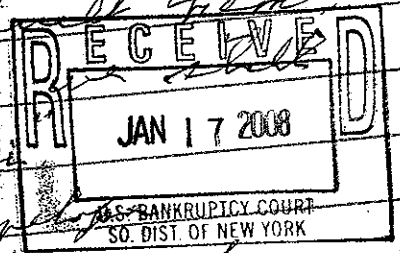
Your Honor:

Enclosed are 2 sheets as
examples of the way I've
been treated when I've
retired me. That's why I
told them when asked what
they should do with my
stock — I told them "Send
it to Me."

This not only was General
Motors stock but also Saginaw
steering gear stock. We had
this stock in our possession
long before Delphi became a
Company. It don't make
any difference General Motors
or Saginaw steering gear and
other Divisions built these
plants overseas — It still was
our investments that built them.
To me, I believe
own their name "Delphi".

The letter and envelope
enclosed is an example of
their seams.

The envelope wasn't there



yesterday morning. So when
it was delivered? After the
meeting? Last night?

My Wife found it by the
door (outside) When she went
to get the paper Wednesday
Jan 16, 2008

Also enclosed is physicians
statement on my disability

Sincerely Yours
Calvin C. Schmidt
Dave J. Schmidt

Express

The World C

ORIGIN ID: OLVA (310) 823-5000
SHIPPING DEPT
KURTZMAN CARSON CONSULTANTS
2335 ALASKA AVE
EL SEGUNDO, CA 90245
UNITED STATES US

Ship Date: 14 JAN 08
Act Mt: 1.0 18 MAN
System#: W65652/CAT E2352
Account: S 345812520

TO

(310) 823-5000

ALVIN AND DARLA SCHMIDT
9650 LANGAN ST.

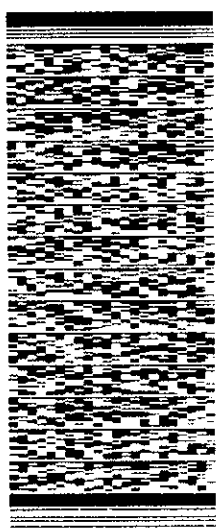
FedEx
Express

SPRING HILL, FL 346060144

Ret: DELPHI ENA MEMPHIS 3739
Dept: Delphi



CL505013722723



Delivery Address
Barcode

BILL SENDER

PRIORITY OVERNIGHT

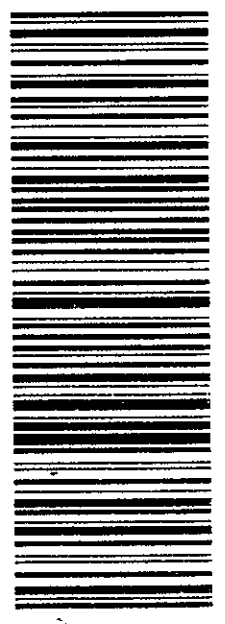
TUE
Deliver By:

TRK# 9602 1481 9940 Form 0201

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34606 -FL-US

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For FedEx Express® Shipments Only

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP AND AFFILIATES

MEMORANDUM

January 14, 2008

TO: All Objecting Parties

FROM: Francis Neil MacDonald
Skadden, Arps, Slate, Meagher & Flom LLP
333 West Wacker Drive
Chicago, IL 60606-1285
(312) 407-0548
NEIL.MACDONALD@SKADDEN.COM

RE: **Plan Confirmation Hearing, In re Delphi Corp., *et al.*,
Case No. 05-44481 (RDD), Meet and Confer
Conference, Tuesday, January 15, 2008 at 4:00 p.m.
(eastern prevailing time)**

Please note that in accordance with paragraph 13 of the Confirmation Hearing Scheduling Order (Docket No. 11796), the Debtors and all Objecting Parties will conduct a meet and confer conference at 4:00 p.m. (prevailing eastern time) on Tuesday, January 15, 2008, at the offices of Skadden, Arps, Slate, Meagher & Flom LLP, Four Times Square, New York, New York, 10036, to discuss the resolution of objections to the admissibility of evidence, and any other matter necessary for the orderly preparation and presentation of the case at the Confirmation Hearing. You may also participate telephonically in the meet and confer conference. The dial-in information is as follows:

Participants, Toll Free: 888-637-7748

Participants, Toll: 913-312-1465

Confirmation Code: 6598460

Attending Physician's Statement of Disability

The patient is responsible for completion of this form without expense to the Company

Patient's Name

Arvin Schmidt

1. Diagnosis:

Cerebral Stroke, Cardiac myopathy
Parkinson's Disease, Diabetes mellitus 2

2. Concurrent Condition(s):

Fatigue / Tiredness

3. What objective findings helped you with your diagnosis?

CVA, Cardiac myopathy

4. What is the patient's current treatment program?

5. What medications are currently prescribed to the patient?

As enclosed.

6. How long have you been treating the patient:

Oct. 2000

What is the date of the last visit?

6/17/04

7. Is patient: Ambulatory ☒ Bed Confined ☐ House Confined ☐Is the patient confined to a medical facility? Yes ☐ No ☒

If yes, please give name and address of facility:

8. Has the patient's progress: Improved ☐ Unimproved ☒ Retrogressed ☐ Recovered ☐ Date recovered _____9. Is the patient a suitable candidate for a rehabilitation program? Yes ☐ No ☒

10. Please help us understand the extent of disability:

Is the patient totally disabled for any occupation? Yes ☒ No ☐Is the patient totally disabled for His/Her occupation? Yes ☒ No ☐

If 'no' to either question, when was patient able to go back to work? ____/____/____

If 'yes' to either question, when do you think patient will be able to resume any work? ____/____/____

If the patient is a retired individual, is the patient disabled from performing each and every activity of a person in good health of like age? Yes ☒ No ☐

Physician: Please Sign

Physician's Name (Printed)

P. Shankar

Signature and Degree

[Signature] MD

Tax ID No.

38-3629745

Office Street Address

1201 South Drive

City

Mt. Pleasant

State

MI

Zip Code

48358

(989) 779-5050
Office Phone Number(989) 779-5057
Office Fax Number

Date

6/24/04